

Dear Parent/Guardian:

Children need healthy meals to learn. **[School Name]** offers healthy meals every school day. Students may buy lunch for \$_____ and breakfast for \$_____. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$_____ and breakfasts for \$_____. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a licensed physician at no extra charge. For further information, please call **[name and phone number]**. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free and reduced price school meals. Use one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **[name, address, and phone number]**.
- 2. Who can get free meals?** Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway, and migrant children get free meals?** Please call **[name and phone number]**, homeless liaison or migrant coordinator to see if your child(ren) qualify if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines Chart shown on page two of this letter.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow any instructions if provided. Call the school at **[phone number]** if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. An application must be filled out by WIC households.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting FAP, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. What if I disagree with the school's decision about my application?**
You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, and phone number]**.
- 10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends), including yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 14. What if my child does not have health insurance?**
Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

Application Instructions:

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

| Total Family Size | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly |
|--|----------|---------|-----------------|-----------------|---------|
| 1 | \$20,036 | \$1,670 | \$835 | \$771 | \$386 |
| 2 | \$26,955 | \$2,247 | \$1,124 | \$1,037 | \$519 |
| 3 | \$33,874 | \$2,823 | \$1,412 | \$1,303 | \$652 |
| 4 | \$40,793 | \$3,400 | \$1,700 | \$1,569 | \$785 |
| 5 | \$47,712 | \$3,976 | \$1,988 | \$1,836 | \$918 |
| 6 | \$54,631 | \$4,553 | \$2,277 | \$2,102 | \$1,051 |
| 7 | \$61,550 | \$5,130 | \$2,565 | \$2,368 | \$1,184 |
| 8 | \$68,469 | \$5,706 | \$2,853 | \$2,634 | \$1,317 |
| *For each additional household member add: | \$6,919* | \$577* | \$289* | \$267* | \$134* |

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 6: Answer this question if you choose to.
- Part 7: Answer this question if you choose to.

[If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator.] Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If your entire household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a FAP, FIP, or FDPIR case number.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.
- Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Be sure to include all students listed in Part 3. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- Next to each person's first and last name list each type of income received last month. *Next to the amount circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
 - *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income, circle "\$0" in the last column "Circle if NO income."

- Part 5: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 6: Skip this part.
- Part 7: Answer this question if you choose to.

Part 6 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: _____ (optional)

___ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

___ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - Child's Racial/Ethnic Identity (optional)

Check one or more racial identities:

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ White

___ Native Hawaiian or Other Pacific Islander

___ Other

Check one ethnic identity:

___ Hispanic or Latino

___ Neither Hispanic nor Latino

Privacy Act Information: Social Security Number

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Verification - This is for school use only

Date Selected for Verification: _____

Confirming Official's Signature: _____

Response Due from Household: _____

Date Follow-up/Second Notice: _____

Follow-up Official's Signature: _____

Sample Selection:

___ Standard Basic

___ Alternate-Random

___ Alternate-Focused

FAP/FIP Eligibility:

___ Not Confirmed

Confirmed:

___ Department of Human Services

___ Notice of Eligibility

Income

\$ _____

___ Weekly

___ Every 2 Weeks

___ Twice a Month

___ Monthly

___ Annual

___ Wage Stubs

___ Written Documents

___ Collateral Contact

___ Agency Records

___ Other _____

Verification Result:

___ Free to Reduced

___ Free to Paid

___ Reduced to Free

___ Reduced to Paid

___ No Change

Reason For Eligibility Change:

___ Income

___ Household Size

___ Refused to Cooperate

___ Other _____

Date Adverse Notice Sent: _____

Verification Official's Signature: _____

Approval/Disapproval - This is for school use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size: _____

Total Gross Income: \$ _____

___ Weekly

___ Every 2 Weeks

___ Twice a Month

___ Monthly

___ Annual

___ Foster Child

___ Categorical Eligibility

Reason for Denial:

___ Income too High

___ Incomplete Application

___ Other (specify) _____

Eligibility:

___ Free

___ Reduced

___ Paid

___ Temporary Free- Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Date Dropped/Withdrawn: _____